DIAGNOSIS PRACTICE GUIDELINES
FOR THE ELECTRONIC HEALTH RECORD
WORKING DRAFT

PURPOSE

This practice guideline establishes specific procedures related to adding and changing diagnoses for the first 12 months after conversion from InSyst to Anasazi. After the first year the procedures will be re-evaluated and adjusted as indicated.

As part of the transition of the Mental Health Management Information System (MIS) from InSyst to Anasazi, there will be a single diagnostic profile for each client utilized across all programs. The diagnostic profile may include as many diagnoses on each axis as clinically indicated. It is expected that a single diagnostic profile will enhance the quality of care provided to clients and is the foundation of the new clinical electronic health record (EHR).

This practice guideline establishes procedures for using the diagnostic profile in the Anasazi system.

BACKGROUND

InSyst required that a client's diagnostic profile be recorded for each admission and discharge to a specific program. Clients served by multiple programs could have several diagnostic profiles in effect at any given time.

As part of the transition from multiple diagnostic profiles in InSyst to the single diagnostic profile in Anasazi, only diagnostic data for each client's most recently opened episode/program is converted.

PRACTICE GUIDELINE

This practice guideline establishes specific procedures related to adding and changing diagnoses for the first 12 months after conversion from InSyst to Anasazi. After the first year the procedures will be re-evaluated and adjusted as indicated.

Each program is responsible for ensuring that the diagnoses being treated at their program are included on the client's diagnostic profile (Diagnosis Form/Screen). After data conversion, all programs shall verify that the diagnosis in the client's paper medical record matches the diagnosis in the Anasazi system.

When multiple outpatient programs are concurrently providing services to a client, they are encouraged to communicate about diagnosis, treatment plans, and services for the client. A Single Accountable Individual (SAI), similar to a Care Coordinator, is automatically assigned in Anasazi based on priorities set by SDCMHS MIS. The SAI will receive notifications of when reviews are due, will communicate with concurrent providers and will facilitate updating the EHR.

I. ORGANIZATIONAL PROVIDER

A.   Axis I and Axis II shall be completed on the Diagnosis Form by clinicians when it is within their scope of practice. When there is an existing Diagnosis Form in the EHR that does not include the diagnoses being treated by a program, that program shall add each diagnosis to the EHR with the actual date that the diagnosis was made. When there is no existing Diagnosis Form in the EHR the Diagnosis Form must be completed with a mental health diagnosis on either Axis I or Axis II that has a begin date before or equal to the first date of service. Axis I and Axis II shall

not be left blank in order to show that each Axis was considered. When there is no diagnosis on Axis I or Axis II, V71.09 is used. When the diagnosis is deferred on Axis I or Axis II, 799.9 is used and can be ended with a more specific diagnosis added at any time. Other diagnoses may not be ended unless all programs concurrently serving the client agree. When it is not within a clinician's scope of practice to diagnose on Axis I and Axis II, a diagnosis may be used from an "External Provider". (See below)

B.   Either Axis I or Axis II must be identified as the Primary Axis for Mental Health programs. The diagnosis on the Primary Axis can be 799.9 for only the first 30 day assessment period. If planned services other than assessment begin prior to the end of the assessment period, the 799.9 diagnosis shall be ended and a definitive diagnosis added to the identified Primary Axis (Axis I or Axis II). The Primary Axis for Edgemoor may be Axis III.

C.   Within each Axis (Axis I- IV), the diagnosing clinician assigns a priority to each diagnosis, similar to the concept of primary and secondary diagnoses in InSyst. When diagnoses are being added to an existing EHR they will be given the next priority on that Axis (based on Begin Date), since treatment is not affected by priorities.

D.   When it is within the clinician's scope of practice to diagnose on Axis III, the clinician may enter a diagnosis on Axis III (medical condition). When it is outside of the clinician's scope of practice to diagnose on Axis III, the clinician shall leave Axis III blank. 799.9, Deferred Diagnosis, is not used on Axis III.

E.   The clinician must complete the "General Medical Condition Summary Code" field on the Diagnosis Form with any medical condition(s) as reported by the client or as obtained from another medical record. In addition, the clinician shall identify in the "Comments" field the source of the medical condition(s) either as reported by the client or as obtained from another medical record. Note: When a reported medical condition is not one of the listed "General Medical Conditions", it can be recorded in the "Comments" section.

F.   When a trainee completes the Diagnosis Form the co-signature of his/her licensed supervisor is required.

G.   Clients seen at or admitted to EPU, ESU, UCSD CAPS, SDCPH, or a START program may have an existing Diagnosis Form in the EHR. A diagnosis may be added for the client at the time of admission/discharge. Outpatient providers shall not change a client's diagnostic profile when the client is in a 24 hour/emergency program. The EPU, ESU, UCSD CAPS, SDCPH, and START programs may end a diagnosis in order to avoid adding a mutually exclusive or conflicting diagnosis to the client's diagnostic profile (e.g., Major Depressive Disorder, Moderate vs. Major Depressive Disorder, Severe). Upon the client's return to his/her outpatient provider the SAI shall review the 24 hour/emergency provider's diagnosis and determine if the diagnosis needs to be ended or updated.

II. EXTERNAL PROVIDER

A.   When it is not within a clinician's scope of practice to enter a diagnosis on Axis I and   Axis II, the clinician may use a diagnosis (Axis I through Axis V) from an "External   Provider". A diagnosis from an External Provider is only used when there is no other   active diagnosis form in the client's EHR. An External Provider is a licensed   clinician/doctor who has completed an assessment of the client within the past 12-months   and who is outside the mental health organizational provider network. Examples include a Fee-For-Service (FFS) psychiatrist/psychologist or a provider outside of San Diego County.

B.   The clinician completes the "External Provider" fields on the form. The clinician then completes Axis I through Avis V, as provided by the External Provider, the General Medical Conditions Summary Code, the Primary Axis, and the Trauma question.

C.   If the External Provider only submitted a diagnosis on one Axis (Axis I or Axis II), the other Axis (Axis I or Axis II) shall be completed with the code 799.9, Deferred Diagnosis. If the External Provider does not provide a diagnosis on Axis III, Axis III is left blank. The clinician then completes Axis IV and Axis V on the Diagnosis Form. The clinician explains in the "Comments" field which Axis(es) he/she diagnosed.

D.   When the Administrative Services Organization (ASO) authorizes services for a FFS provider and there is no active Diagnosis Form in the client's EHR, the ASO will complete the External Provider fields. A diagnosis of 799.9, Deferred Diagnosis, on Axes I and II may be used until a specific diagnosis is received with the claim from the FFS provider. The ASO will also complete the General Medical Condition Summary, select the Primary Axis, complete Axis V (GAF), and answer the Trauma Question.